

No. 230687

REQUEST FOR OUT-OF-STATE TRAVEL AUTHORITY
AND OUT-SERVICE TRAINING

DATE _____

Employee _____ SSN _____ Code _____

Position _____ Board Member _____ Official Station _____

Destination _____ Round Trip Distance _____

Dates of Meeting _____ thru _____ Date Leave _____ hr. _____
Date Return _____ hr. _____Title of Program _____ Source of Funding
_____% State
_____% Federal
_____% Other

JUSTIFICATION FOR TRAVEL AND/OR TRAINING (Please Attach Brochure)

MODE OF TRANSPORTATION:

State Car _____ Private Car _____ Commercial _____ State Plane _____

ESTIMATED EXPENSES:

Lodging	_____	Days @	_____	Per Day	_____
Meals	_____	Days @	_____	Per Day	_____
Transportation					_____
Registration Fee and/or Tuition					_____
Auto Rental					_____
Other:					_____

Total Estimated Cost _____

Complete the following calculations if advance is requested

Total Estimated Cost (Less charges billed to a State credit card or paid directly
by the State) _____

Deduct 20% _____

Amount of Advance Requested (Minimum advance is \$100) _____

Does employee have permanent advance? _____

COMPLETE THIS SECTION IF TRAINING ACTIVITY (Attach Brochure)

Employee Status: Permanent _____ Temporary _____ Probationary _____

Type of Training:

Full Time _____ (more than 80 days) Short Term _____ (less than 80 days)

Part Time _____ (during work hrs.) After Work _____ (after work hrs.)

Is activity in training plan? Yes _____ No _____

Approved Training Plan # _____ Length of Program _____

Agency Training Officer_____
Commissioner of Personnel_____
Employee_____
Agency Head